# P - 941 City of Pontiac - Income Tax Division
## Employer's Return of Income Tax Withheld

### 1 Q 2017
- **TAX YEAR**: 2017
- **PAYROLL PERIOD**: 1-1-2017 THRU 3-31-2017
- **DUE DATE**: April 30, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax withheld</td>
<td></td>
</tr>
<tr>
<td>Adjustments</td>
<td></td>
</tr>
<tr>
<td>Net tax withheld</td>
<td></td>
</tr>
<tr>
<td>Late payment penalty</td>
<td></td>
</tr>
<tr>
<td>Interest due</td>
<td></td>
</tr>
</tbody>
</table>

**Mail to:**
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

**Signature** ____________________________ **Date** ____________
**Phone #** ______________________________

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### 2 Q 2017
- **TAX YEAR**: 2017
- **PAYROLL PERIOD**: 4-1-2017 THRU 6-30-2017
- **DUE DATE**: July 31, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Tax withheld</td>
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**Mail to:**
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

**Signature** ____________________________ **Date** ____________
**Phone #** ______________________________

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### 3 Q 2017
- **TAX YEAR**: 2017
- **PAYROLL PERIOD**: 7-1-2017 THRU 9-30-2017
- **DUE DATE**: October 31, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Tax withheld</td>
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<td>Adjustments</td>
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</tr>
</tbody>
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**Mail to:**
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

**Signature** ____________________________ **Date** ____________
**Phone #** ______________________________

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**Mail to:**
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530
1. Last pay period on which Pontiac Taxes were withheld ___________________________

2. Check reason for “Final Return” and answer applicable questions
   - Business permanently discontinued
   - Business temporarily discontinued
     Operations will be resumed on (Date) __________________________
   - Still operating – Ceased paying wages
     Wages will be paid starting (Date) __________________________
   - Business sold to
     Name _________________________
     Street _________________________
     City ___________________________
     State __________________________
     Zip Code _______________________
   - Moved out of Pontiac

3. Your current address
   Street _________________________
   City ___________________________
   State __________________________
   Zip Code _______________________

4. Other: _________________________ __________________________________________
City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

Tax year: 2017
Payroll period: 10-1-2017 THRU 12-31-2017
Due date: January 31, 2018

Make remittance payable to:
Treasurer, City of Pontiac
P.O. Box 530
Eaton Rapids, MI 48827-0530

Mail to:
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Interest due (contact city for daily rates)

Total due
Pay this amount

Federal employer ID:

2017 PW-3

Important information

Gross payroll, used to calculate payroll tax

$ ________________

Signature __________________________

Date __________________________

Phone # __________________________

City of Pontiac - Income Tax Division
Reconciliation of Pontiac Income Tax Withheld

1. Total Pontiac tax withheld during year as shown on forms PW-2 or W-2 enclosed
   $ __________________________

2. Total number of withholding tax statements (forms PW-2 or W-2) transmitted herewith
   __________________________

3. Total Pontiac tax withheld as shown on forms P-941
   (use otherwise if forms P-941 were filed monthly)
   Quarter ended March 31
   $ __________________________
   Quarter ended June 30
   ______________
   Quarter ended September 30
   ______________
   Quarter ended December 31
   ______________

   The name, address and identification number on this form must be the same as on forms P-941 and PW-2 or W-2. If not correct, please correct.

   Name and address

   Signature __________________________
   Title __________________________
   Date __________________________
   Phone # __________________________

   Employer identification no.

   copies of PW-2s must accompany this document.

   Due on or before 2/28/2018

   2017 PW-3
1. Last pay period on which Pontiac Taxes were withheld___________________________

2. Check reason for "Final Return" and answer applicable questions
   - Business permanently discontinued
   - Business temporarily discontinued
   - Operations will be resumed on __________________________

3. Moved out of Pontiac
   - Name_________________________
   - Street_________________________
   - City___________________________
   - State__________________________
   - Zip Code_______________________

4. Your current address
   - Street_________________________
   - City___________________________
   - State__________________________
   - Zip Code_______________________

SUMMARY

EMPLOYER'S RETURNS

<table>
<thead>
<tr>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
<th>4TH QUARTER TOTAL $</th>
</tr>
</thead>
</table>

YEARLY TOTAL $ ______________________

City of Pontiac, Income Tax Division
P.O. Box 530
Eaton Rapids, MI 48827-0530